



What Every Consumer Should Know:

Personal Medical Data

Date: _____ Revised: _____

Name: _____

Home Phone: _____

Work Phone: _____

Emergency Contact

Name: _____

Home Phone: _____

Work Phone: _____

Doctor's Name: _____

Phone: _____

Doctor's Name: _____

Phone: _____

Pharmacy: _____

Phone: _____

Allergies and Sensitivities

____ Aspirin ____ Novocaine
____ Codeine ____ Penicillin
____ Demerol ____ Sulfa
____ Insect Bites ____ Tetracycline
____ Lidocaine ____ X-ray dyes
____ Morphine ____ Other
____ Food Allergies: _____

I have:

____ Anxiety ____ Emphysema
____ Arthritis ____ Heart Condition
____ Asthma ____ Hypertension
____ Bronchitis ____ Kidney Dialysis
____ Cancer ____ Parkinson's
____ Depression ____ Seizures
____ Diabetes ____ Thyroid Problems
____ Other: _____

I use:

____ Contacts ____ Hearing Aid
____ Dentures ____ Pace Maker
____ Glasses

Over-the-counter medicines I take regularly or as needed:

____ Acetaminophen ____ Decongestants
____ Antacids ____ Laxatives
____ Antihistamine ____ Motion Sickness Aids
____ Aspirin ____ Sleep Aids
____ Cough Medicine
____ Other: _____

I have an Advance Health Care Directive:

____ Yes ____ No Location: _____

(An Advance Health Care Directive permits you to appoint a health care agent and give instructions about your own health care in the event you are unable to speak for yourself.)

Prescription and herbal medicines I take:

Name: _____
strength: _____
directions: _____
why prescribed: _____
prescribed by: _____

Name: _____
strength: _____
directions: _____
why prescribed: _____
prescribed by: _____

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